11984

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
LENGTH OF STAY (in this place) 75 - 1/12.
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. 4

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
STREET ADDRESS R.D. 4 (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) CAROLINE (Middle) CLEMENTINE (Last) BARBER
4. DATE OF DEATH: (Month) Dec. (Day) 24 (Year) 1951
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: MARCH 15 1876
9. AGE last birthday: 75 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: Martin Bitzel
14. MOTHER'S MAIDEN NAME: Elizabeth Baker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs Howard Zorbach Westminster R.D 4, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heart disease arteriosclerotic — 4 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis + indefinite duration

(c)

4200
93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from about 1945 to Dec 24 1951, that I last saw the deceased alive on Dec 22 1951, and that death occurred at 10:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C Reese Wilkins Westminster Md 12/26/51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Burial | Dec. 27-1951 | Trinity Lutheran Cem. | Deer Park Rd. Westminster, Md.

DATE RECD BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS

12/26/51 | H Lunderman | H Bankard & Son | Westminster Md.

RECEIVED
DEC 28 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11985

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ---; STATE MARYLAND; LENGTH OF STAY (in this place) since 12/12/42; HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY ---; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) --- Unk. -

3. NAME OF DECEASED (Type or Print): (First) Johanan; (Middle) ---; (Last) BARBIN

4. DATE OF DEATH: (Month) Dec. (Day) 19 (Year) 19 51

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH ?: March 10, 1889

9. AGE last birthday: 62 ? yrs. If under 1 year: Months —; Days —; If under 24 hrs.: Hours —; Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Unk.

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? Unknown

13. FATHER'S NAME: Gorkin Barbin

14. MOTHER'S MAIDEN NAME: Mary --- ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) ---

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT AND ADDRESS: Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic nephritis and cysto-pyelitis	8 yrs.
592X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 1312	(b) Anemia	3 yrs.
	(c) ---	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Psychosis	9 yrs.

19a. DATE OF OPERATION: ---

19b. MAJOR FINDINGS OF OPERATION: ---

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) ---

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ---; (CITY OR TOWN) ---; (COUNTY); (STATE)

TIME OF INJURY (Month) --- (Day) --- (Year) --- (Hour) --- m.

INJURY OCCURRED While at Work ☐ Not While At work ☐ ---

HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Sept. 1, 1947, to Dec. 19, 19 51, that I last saw the deceased alive on Dec. 19, 19 51, and that death occurred at 6:37 p.m., from the causes and on the date stated above.

SIGNATURE: Martin Brown, M.D. (Degree or title) ADDRESS: Sykesville, Maryland DATE SIGNED: 12/20/51

23. BURIAL, CREMATION REMOVAL (Specify): Removal; DATE THEREOF: 12/22/51; NAME OF CEMETERY OR CREMATORY: University Med. School; LOCATION (City, town, or county): Balto. City; (State): Md.

DATE REC'D BY LOCAL REG.: Dec. 22, 1951; REGISTRAR'S SIGNATURE: C. Henry Lord

24. FUNERAL DIRECTOR: Francis A. Hemsley; ADDRESS: 5 E. Biddle St.

936-VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 28 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11986

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Funkstown; LENGTH OF STAY (in this place) 3 weeks; HOSPITAL OR INSTITUTION OR STREET ADDRESS Funkstown Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster; STREET ADDRESS (If rural, give location) 55 Church St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARY	MYRTLE	BELL	Dec.	5	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F.	W.	Single	Sept. 18, 1871	80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Frederick Co. Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John H. Bell	Annie M. Favorite

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
		Matilda Byers, 55 Church St Westminster Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial failure.	Hours
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Arteriosclerotic - C-V disease	years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ~~Dec. 6~~, 1951, to 12-5, 1951, that I last saw the deceased alive on 12-4, 1951, and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS		DATE SIGNED
James T. Marsh	M.D.	Westminster	Md	12/6/51

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Dec. 8. 51	Cripps Cemetery	Rural, Westminster	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/7/51	[illegible]	J. S. Myers Jr.	Westminster Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 10 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11987

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH · COUNTY: Carroll — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: ---
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville — LENGTH OF STAY (in this place): since 6/21/26	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital	STREET ADDRESS (If rural, give location): 3706 Belair Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Gustav	-	BIEDERMAN	Dec.	9	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	married	11/19/80	71 yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
plumber	Plumbing	Baltimore, Maryland	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
MaxMillan Biederman	Pauline Pfiezewman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
unknown —	unknown	Records - Springfield State Hospt.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic myocarditis & myocardial degeneration.	over 1 year
592 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131	(b) Glomerulonephritis (chronic)	over 1 year
	(c) Epilepsy	over 25 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Schizophrenia, Paranoid type	25 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
---	---	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
---	---	---		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
---			m.	---	---

22. I hereby certify that I attended the deceased from Sept. 1, 1947, to Dec. 9, 1951, that I last saw the deceased alive on Dec. 9, 1951, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Martin Gross, M. D. Martin Gross, M.D Sykesville, Md. 12/10/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-12-51	Parkwood	Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Dec. 11, 1951	C. Harry Wen	Wm. Haight - Sykesville, Md.

5-74-246

RECEIVED
DEC. 18 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11988

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster; LENGTH OF STAY (in this place) 31 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 52 Westmoreland St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster; STREET ADDRESS (If rural, give location) 52 Westmoreland St.

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) E. L. (Last) BILLMYER

4. DATE OF DEATH: (Month) Dec. (Day) 20 (Year) 1951

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept 25, 1872

9. AGE last birthday: 79 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Carroll Co.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alfred Stevenson

14. MOTHER'S MAIDEN NAME: Helen Schweigart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: 52 Westmoreland Mrs. Alice E. Billmyer, Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Pancreas — Interval Between Onset and Death: 4 to 6 mo

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Secondary anemia Cachexia — 2 mo

(c) and Cholepia. Biliary Obstruction & Jaundice

157 X 46g

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 24, 1951, to Dec 20, 1951, that I last saw the deceased alive on Dec 20, 1951, and that death occurred at 9:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Wylene Speicher — ADDRESS: Westminster Md — DATE SIGNED: 12/21/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec 24, 51 — NAME OF CEMETERY OR CREMATORY: Baker Cemetery — LOCATION (City, town, or county) (State): Rural Westminster Md.

DATE REC'D BY LOCAL REG.: 12/21/51 — REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: J. E. Myers Jr. — ADDRESS: Westminster Md

RECEIVED
DEC 26 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH
COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville, Maryland
LENGTH OF STAY (In this place): 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): Unknown

3. NAME OF DECEASED (Type or Print): (First) Antonia (Middle) -- (Last) Bober

4. DATE OF DEATH: (Month) 12-27- (Day) (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 2-12-68

9. AGE last birthday: 83 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ----

10b. KIND OF BUSINESS OR INDUSTRY: ----

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): --- (If yes, give war or dates of service): ----

16. SOCIAL SECURITY NO.: ----

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	More than six yrs.
	(c) Psychosis with cerebral arteriosclerosis	More than six years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ----

19b. MAJOR FINDINGS OF OPERATION: ----

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ---

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: ----
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): ---- m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?: ----

22. I hereby certify that I attended the deceased from 7-1- , 1950, to 12-27 , 1951, that I last saw the deceased alive on 12-27- , 1951, and that death occurred at 3:25 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Walther H. Sonnenfeld, M.D.
ADDRESS: Springfield State Hosp.- Sykesville
DATE SIGNED: 12-27-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Dec. 29-1951
NAME OF CEMETERY OR CREMATORY: Holy Rosary
LOCATION (City, town, or county): Baltimore Co.
(State): Md.

DATE REC'D BY LOCAL REG.: 12/28/51
REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: Wm. S. Tarkowski
ADDRESS: 1007 Eastern Ave

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville, Maryland
LENGTH OF STAY (in this place): 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Deer Park
STREET ADDRESS (If rural, give location): ---

3. NAME OF DECEASED (Type or Print): (First) Leona (Middle) Isador (Last) Bowers
4. DATE OF DEATH: (Month) 12 (Day) 20 (Year) 1951
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Unknown
9. AGE last birthday: 40 (?) yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (State or foreign country): Garrett Co. (?)
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Garfield Bowers
14. MOTHER'S MAIDEN NAME: ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): --- (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: Bro. & Sister-in-law Mr.&Mrs. S. Bowers - Kitzmiller, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Abscess of the lung (Right) — About 5 wks.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) ---
(c) Mental Deficiency without Psychosis, Idiot level — Life

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ---

19a. DATE OF OPERATION: ---
19b. MAJOR FINDINGS OF OPERATION: ---
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ---
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: ---
(CITY OR TOWN) (COUNTY) (STATE): ---
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ---
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from 7-1-, 1950, to 12-20, 19.51., that I last saw the deceased alive on 12-19-, 19.51 and that death occurred at 6:38 A.M, from the causes and on the date stated above.

SIGNATURE: Dr. W. Sonnenfeldt (Degree or title) — ADDRESS: Springfield State Hosp. Sykesville — DATE SIGNED: 12-20-51

Walter H. Sonnenfeldt M.D.

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 12-24-51
NAME OF CEMETERY OR CREMATORY: Oakland
LOCATION (City, town, or county) (State): Oakland, Md.

DATE REC'D BY LOCAL REG.: Dec 21, 1951
REGISTRAR'S SIGNATURE: C. Harry Shaw
24. FUNERAL DIRECTOR — ADDRESS: Golden Gate Home - Oakland Md

VS(A15)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Carroll; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville, Maryland
LENGTH OF STAY (in this place): 1 yr. 4-3/4 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington Grove
STREET ADDRESS (If rural, give location): ---

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mildred	Ruth	Boyce	12-	28	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	12-12-67	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ---
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (State or foreign country): Union Bridge, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Ryan
14. MOTHER'S MAIDEN NAME: Isabell Smeltzer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): --- (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: ---
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Myocardial Infarct	5 days
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Coronary Sclerosis	Several years
942 (c)	Senile psychosis	3 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ---
19b. MAJOR FINDINGS OF OPERATION: ---
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ---
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: ---
(CITY OR TOWN): ---
(COUNTY):
(STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): --- m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from 11-1-, 19 50, to 12-28-, 19 51, that I last saw the deceased alive on 12-28-, 19 51, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

SIGNATURE: Walther H. Sonnenfeldt, M.D. ADDRESS: Springfield State Hosp. Sykesville, Md. DATE SIGNED: 12-28-51

Walther H. Sonnenfeldt M.D.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-31-51	Flint Hill	Clarkton, Virginia

DATE REC'D BY LOCAL REG.: December 29-1951
REGISTRAR'S SIGNATURE: R.W.
24. FUNERAL DIRECTOR: Leonard H. Stallard ADDRESS: 2503 Edmondson Ave

VS. A-3

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton | LENGTH OF STAY (In this place) 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg
STREET ADDRESS (If rural, give location) 4523-49th Street

3. NAME OF DECEASED (Type or Print): (First) BENJAMIN (Middle) (Last) BROWN
4. DATE OF DEATH: (Month) December (Day) 29 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sep.
8. DATE OF BIRTH: July 22, 1899
9. AGE last birthday: 52 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Junk Yard
11. BIRTHPLACE (State or foreign country): Mississippi
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Brown
14. MOTHER'S MAIDEN NAME: Mary Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 88-8329
17. INFORMANT AND ADDRESS: Friend: Lottie Domies-Box #103-Bladensburg, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Far Advanced Bilateral Pulmonary Tuberculosis — July, 1951

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 6, 19 51, to Dec. 29, 1951, that I last saw the deceased alive on Dec. 29, , 19 51, and that death occurred at 3:35 P. m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

I. F. Veatal. M D Henryton, Maryland 12-29-51

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial | DATE THEREOF 1-5-1952 | NAME OF CEMETERY OR CREMATORY Woodlawn Cem. | LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. 12-29-51 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR (Name) ADDRESS: Malcom + Sibley 424-7 St. NW Wash. D.C.

Deputy Local

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11493

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster; MARYLAND; LENGTH OF STAY (in this place) 71 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 200 Penna. Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster; STREET ADDRESS (If rural, give location) 200 Penna. Ave.

3. NAME OF DECEASED (Type or Print): (First) JESSE (Middle) LEVI (Last) BROWN

4. DATE OF DEATH: (Month) DEC. (Day) 23 (Year) 1951

5. SEX: M.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: May 16-1880

9. AGE last birthday: 71 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soft drink & Balloon Mfg. Ret.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Curtis Hall Brown

14. MOTHER'S MAIDEN NAME: Catherine Handley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs William P. Stem 982 Rachel St. Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardio Vascular Disease	10 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) (Severe asthma)	40 years
	(c) Edema of lungs	4 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Above

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1st, 1951, to Dec. 23rd, 1951, that I last saw the deceased alive on Dec. 23rd, 1951, and that death occurred at 12 noon m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J Billingslea M.D. Westminster, Md. 12-24-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Dec. 26-1951

NAME OF CEMETERY OR CREMATORY: Kriders Cemetery

LOCATION (City, town, or county) (State): Westminster Md.

DATE REC'D BY LOCAL REG.: 12/27/51

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR ADDRESS: H. Bankard Son Westminster, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A13

RECEIVED
DEC 28
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9 Webster Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 9 Webster Street

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Anthony (Last) Brown
4. DATE OF DEATH: (Month) Dec. (Day) 2 (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	May 22, 1875	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Sweeper
10b. KIND OF BUSINESS OR INDUSTRY: Shoe Factory
11. BIRTHPLACE (State or foreign country): New Oxford, Penna.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Brown
14. MOTHER'S MAIDEN NAME: Katherine Noel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 213-05-1299
17. INFORMANT AND ADDRESS: Mrs. Joseph A. Brown Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Disease	Last attack 10 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-Vascular Disease	3 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	none	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1st, 1930, to Dec. 2nd, 1951, that I last saw the deceased alive on Dec. 2nd, 1951, and that death occurred at 12.30 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. Billingslea	M.D.	Westminster, Md.	12.3.51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Dec. 5, 1951	Westminster Cemetery	Westminster	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/4/51	[signature]	John R. Byers	Westminster, Md.

VS. A15

DEC 5 19..
BUREAU N. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Robert	Wesley	Carter	Dec.	5	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Married	Mar. 21 1874	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Lumber Dealer	Lumber	Md.	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James L Carter	Martha Boone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Mrs Ritta Jones - Sykesville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heart failure

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocarditis Chronic Nephritis

131.2 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April, 1946, to Dec 5, 1951; that I last saw the deceased alive on Dec 4, 1951, and that death occurred at 6.4 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. R. James	M.D.	Sykesville	12/6/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-7-51	Odenwald	Eldersburg, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 6, 1951	C. Harry Weber	Wm. H. Hargett	Eldersburg, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11996

CERTIFICATE OF DEATH

Reg. Dist. No. 81

1. PLACE OF DEATH: COUNTY Carroll; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Keymar; LENGTH OF STAY (In this place) 4 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Keymar; STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED (Type or Print): (First) Lula (Middle) Ellen Irene (Last) Clabaugh

4. DATE OF DEATH: (Month) Dec. (Day) 1 (Year) 1951

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: 4/6/1889 | 9. AGE last birthday: 62 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife | 10b. KIND OF BUSINESS OR INDUSTRY: At home | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Michael Bixler | 14. MOTHER'S MAIDEN NAME: Ellen Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no | 16. SOCIAL SECURITY NO.: none | 17. INFORMANT: Mrs. Irene E. Clabaugh, Keymar, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Sub Arachnoid Hemorrhage — Interval Between Onset and Death: 9 days

330X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/30, 19.51, to 12/1, 19.51, that I last saw the deceased alive on 12/1, 19.51, and that death occurred at 1 03 P. m., from the causes and on the date stated above.

SIGNATURE: W. E. Robertson (Degree or title) | ADDRESS: New Windsor, Md. | DATE SIGNED: 12/1/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 12/4/51 | NAME OF CEMETERY OR CREMATORY: Beaver Dam Cem. | LOCATION (City, town, or county) (State): Union Bridge, R. 10 Md.

DATE REC'D BY LOCAL REG. Dec 3 1951 | REGISTRAR'S SIGNATURE: Julia E. Repp

24. FUNERAL DIRECTOR: D. O. Hartzler & Sons | ADDRESS: Union Bridge & New Windsor, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15

1. PLACE OF DEATH
COUNTY: CARROLL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton
LENGTH OF STAY (in this place): 4yrs. 2mo. 9days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Henryton State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mayo Maryland
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Sarah	ANN	COLBERT	12 - 7 - 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Negro	Single	Aug. 28, 1921	30yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic	Private family	Burkittsville, Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Hillary Colbert	Mary Boston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	Unknown	Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Far advanced bilateral pulmonary tuberculosis — Oct. 1946

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 3b

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 8, 1947, to Dec. 7, 1951, that I last saw the deceased alive on Dec. 7, 1951, and that death occurred at 5:15 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
T.F. Postal	M.D.	Henryton, Maryland	12-7-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Dec 12-1951	Mayo Cem.	Mayo	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-7-51	A Christine Swanborn Deputy Local	L.C. Baublitz & Son	Baublitz Md.

RECEIVED
U. S.

Item 21 Film G137 1-7-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster | LENGTH OF STAY (in this place) 4 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glover Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Clarke
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berryville
STREET ADDRESS (If rural, give location) 73 W. Main St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Elizabeth	Lee	Coleman	Dec.	6	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	White	Widowed	Sept. 18, 1861	90 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Housewife	Own Home	Berryville, Virginia	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Louthan	Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	----------	Alvin L. Coleman Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hypostatic Pneumonia	3 days
902.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fracture left hip	2 Months.
86a	(c) Chronic Cardio-Vascular Disease	10 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
Accident	Home			

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
11/22/51 m.		Fell over chair. (1-7-52 ams)

22. I hereby certify that I attended the deceased from Oct. 1st, 1951, to Dec. 6, 1951, that I last saw the deceased alive on Dec. 6, 1951, and that death occurred at 4 P.M. m., from the causes and on the date stated above.

SIGNATURE Fletcher Bare, M.D. (Degree or title) ADDRESS Westminster Maryland DATE SIGNED 12/6/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Dec. 9, 1951	Green Hill Cemetery	Berryville	Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/6/51	[signature]	John R. Byers	Westminster, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

76

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg
LENGTH OF STAY (in this place) 4 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hale Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
STREET ADDRESS (If rural, give location) Reisterstown Road

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Azeline	Post	Coomes	Dec	3	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Widowed	March 21 1869	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		New Jersey	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Post	Margaret Freeman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Mrs Ralph Lamenzo Owings Mills Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Fibrosis decompensating	2 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 422.1 932	(b) Hypo tension	2 Years
	(c) Arteriosclerosis	years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 11-30, 1950, to 12-3, 1951, that I last saw the deceased alive on 12-2-, 1951, and that death occurred at 6:15 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Emma L. Sadtler M.D. Reisterstown Md 12-3-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Dec 6 1951	Springfield Gardens Cem.	Queens County	NY

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
12-5-51	Mary B. Ellicid. J. K. Woodward	Wm Berryman & Sons Reisterstown Md

12006

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 7-8

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Westminster
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Route 6

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Westminster
STREET ADDRESS (If rural, give location): Route 6

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) HENRY (Last) COSTLEY
4. DATE OF DEATH: (Month) December (Day) 5 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Apr. 16, 1908
9. AGE last birthday: 43 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day Labor
10b. KIND OF BUSINESS OR INDUSTRY: Misc.
11. BIRTHPLACE (State or foreign country): Carroll County
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Columbus Costley
14. MOTHER'S MAIDEN NAME: Eleanor Dotson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: ?
17. INFORMANT: Columbus Costley, Carroll Co., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a): Multiple shotgun wounds of chest and abdomen with massive hemothorax

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home
(CITY OR TOWN) (COUNTY) (STATE): Route 6, Westminster, Carroll County, Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): 12/5/51 8:00P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Firearms

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE: William V. Booth (Degree or title)
ADDRESS: 700 Fleet St., Baltimore 2, Md.
DATE SIGNED: Dec. 6, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 12-9-51
NAME OF CEMETERY OR CREMATORY: Fairview
LOCATION (City, town, or county) (State): Carroll Co., Md.
DATE REC'D BY LOCAL REG.: 12-8-51
REGISTRAR'S SIGNATURE: E. M. Fraver
24. FUNERAL DIRECTOR: C.M.Waltz, Wimfield, Carroll Co., Md ADDRESS

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester
LENGTH OF STAY (In this place) 2 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Long View Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Virginia (Middle) R (Last) Donaldson

4. DATE OF DEATH: (Month) Dec. (Day) 13 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Oct 4 1864

9. AGE last birthday: 87 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Hoogerwerff

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NK (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. Addison Worthington Elkridge Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Diabetes Mellitus

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio Renal Vascular Lesions

442X 61

(c)

INTERVAL BETWEEN ONSET AND DEATH: ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work — Not While At work

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 17, 1951, to Dec 15, 1951, that I last saw the deceased alive on Dec 15, 1951, and that death occurred at 4:30 P.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Joseph E Brosh MD Hampstead Md 12-15-51

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation — DATE THEREOF: Dec 17 51 — NAME OF CEMETERY OR CREMATORY: Green Mount — LOCATION (City, town, or county) (State): Balto Md.

DATE REC'D BY LOCAL REG. 12-17-51 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS: W. W. Jenkins, Sons 4905 York Rd.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

12002

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster — LENGTH OF STAY (in this place) 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 61 Church St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
STREET ADDRESS (If rural, give location) R.D. 2

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
GEORGE	WILMER	DUVALL	Dec. 5 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M	W	Married	July 8-1888	63 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Farmer-own farm	Dairy	Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Walter Bradford Duvall	Mary E. Ellen Gilbert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	215-20-9541	Mercedie B. Duvall 61 Church St. Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Adenocarcinoma of the recto-sigmoid portion of bowel

154X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
46d (b)

(c) none

INTERVAL BETWEEN ONSET AND DEATH: about Jan. 1951

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Aug. 15th 51	Adeno. carcinoma recto sigmoid	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug. 1st, 1951, to Dec. 5th, 1951, that I last saw the deceased alive on Dec. 5th, 1951, and that death occurred at 3 45 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. T. Billingslea	M.D.	Westminster, Md.	12-6-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 9-1951	Meadow Branch Cemetery	Westminster Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/6/51		H. Bankard Son	Westminster, Md.

VS. A15

DEC 7
BUREAU V. S.

12003

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 83

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Woodbine — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hoods Mill

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (RURAL- Woodbine
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) NICHOLAS (Middle) (Grimes) (Last) DUVALL
4. DATE OF DEATH: (Month) Dec (Day) 24 (Year) 1957
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 1884
9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): (Ray) AAFORCE
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: not known
14. MOTHER'S MAIDEN NAME: Annie Grimes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: Md. State Police, Randallstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture Skull & Cervical Vertebra —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

169 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY B.O.R.R. | (CITY OR TOWN) Woodbine | (COUNTY) Carroll | (STATE) Md

TIME OF INJURY (Month) 12 (Day) 24 (Year) 57 (Hour) 11:05 a.m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Struck by Engine while walking Trace

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
James T Marsh - Deputy Medical Examiner - Westminster Md 12-26-57

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 12-26-1957 | NAME OF CEMETERY OR CREMATORY: Jennings Chapel | LOCATION (City, town, or county) Howard Co. (State) Md.

DATE REC'D BY LOCAL REG. Dec. 26 1957 | REGISTRAR'S SIGNATURE: Edna M Hewitt | 24. FUNERAL DIRECTOR: C. M. Watts — ADDRESS: Ellicott City, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12404

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville | LENGTH OF STAY (in this place) 27 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 246 Cedar Street, Westport-Balto.

3. NAME OF DECEASED (Type or Print): (First) EDITH (Middle) — (Last) EPPERT
4. DATE OF DEATH: (Month) December (Day) 6 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Not known
9. AGE last birthday: 90 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Not known
14. MOTHER'S MAIDEN NAME: Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchopneumonia	2 days
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral hemorrhage	3 days
41-X 31-X	(c) Cardio vascular renal disease	27 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Paranoid condition	27 years

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 15, 1950, to Dec. 6, 1951, that I last saw the deceased alive on 12/6, 1951, and that death occurred at 9:15 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Gerbrud Sonnenfeldt	M. D.	Springfield State Hospital	12/6/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-14-51	Springfield Hospital	Sykesville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
DEC 14 1951	C. Harry Weis	Weis & Hagner - Sykesville, Md.	

VS. 41

DEC 18 1
BU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

12005

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Nr Silver Run
LENGTH OF STAY (In this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Myers District, Carroll Co., Littlestown, Pa. R. D. 1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Nr. Silver Run
STREET ADDRESS (If rural, give location) Myers Dist Carroll Co, Md Littlestown, Pa. R. D. 1 (Mailing)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Clarence (Last) Flickinger
4. DATE OF DEATH: (Month) 12/17/51 (Day) (Year) 19

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 3/28/1888
9. AGE last birthday: 63 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Carroll Co., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Henry Messinger
14. MOTHER'S MAIDEN NAME: Eliza Unger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Milton E. Flickinger, Littlestown, Pa. R.1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) ACUTE PULMONARY EDEMA

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) CHRONIC CONGESTIVE CARDIO-RENAL FAILURE

(c) DIABETES MELLITUS

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEPT. 15, 1950, to DEC. 16, 1951, that I last saw the deceased alive on DEC 4, 1951, and that death occurred at 10:15A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Philip Bankstown Littlestown Pa 12.16.51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 12/20/51
NAME OF CEMETERY OR CREMATORY: Mt. Carmel Cemetery
LOCATION (City, town, or county) (State): Littlestown, Adams Co., Pa.

DATE REC'D BY LOCAL REG. 12/19
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR / ADDRESS: J. M. Little & Son Littlestown, Pa.
Per - Richard A. Little

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 7-4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-1

1. PLACE OF DEATH: COUNTY: Carroll — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville — LENGTH OF STAY (in this place): since 5/25/51
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Winfield
STREET ADDRESS (If rural, give location): Route #6 - Westminster, Md.

3. NAME OF DECEASED (Type or Print): (First) Raymond (Middle) Luther (Last) FRANKLIN
4. DATE OF DEATH: (Month) Dec. (Day) 21 (Year) 1951

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: April 15, 1885
9. AGE last birthday: 66 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Inspector
10b. KIND OF BUSINESS OR INDUSTRY: Boards
11. BIRTHPLACE (State or foreign country): Carroll Co., Maryland
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Nathan Franklin
14. MOTHER'S MAIDEN NAME: Eccnitsa Edwards

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): unknown
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemiplegia — 1-3/4 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis — more than 2 yrs.
(c) ---

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis — 1-3/4 yrs.

19a. DATE OF OPERATION: ---
19b. MAJOR FINDINGS OF OPERATION: ---
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ---
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): ---
(CITY OR TOWN): ---
(COUNTY): ---
(STATE): ---
TIME OF INJURY (Month) (Day) (Year) (Hour): --- m.
INJURY OCCURRED While at Work ☐ Not While At work ☐: ---
HOW DID INJURY OCCUR?: ---

22. I hereby certify that I attended the deceased from Aug. 10, 1951, to Dec. 21, 1951, that I last saw the deceased alive on Dec. 21, 1951, and that death occurred at 11:45 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Martin Gross, M. D — ADDRESS: Sykesville, Md. — DATE SIGNED: 12/21/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12/25/51 — NAME OF CEMETERY OR CREMATORY: Ebenezer Cem. — LOCATION (City, town, or county) (State): Winfield, Md.

DATE REC'D BY LOCAL REG.: Jan 22 12-22-51 — REGISTRAR'S SIGNATURE: C. Brady Weed — 24. FUNERAL DIRECTOR — ADDRESS: D. D. Hartman Towson

Law Dept. Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton
LENGTH OF STAY (In this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location) 402 Calvert Street

3. NAME OF DECEASED (Type or Print): (First) CLARENCE (Middle) (Last) GIBBS
4. DATE OF DEATH: (Month) December (Day) 2, (Year) 1951

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Dec. 20, 1910
9. AGE last birthday: 40 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Construction Work
11. BIRTHPLACE (State or foreign country): Chestertown, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Norman Carter
14. MOTHER'S MAIDEN NAME: Hattie Gibbs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: Brother: Samuel Lindsey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Far Advanced Bilateral Pulmonary Tuberculosis — August, 1951

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 25, 1951 to Dec. 2, 1951, that I last saw the deceased alive on Dec. 2, 1951, and that death occurred at 8:30 P.m., from the causes and on the date stated above.

SIGNATURE: F.F. Vlotal. — (Degree or title) M.D. — ADDRESS: Henryton, Md. — DATE SIGNED: 12-2-51

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: Dec 5, 1951 — NAME OF CEMETERY OR CREMATORY: Janes Cemetery — LOCATION (City, town, or county) (State): Quaker Neck, Chestertown Md.

DATE REC'D BY LOCAL REG.: 12-2-51 — REGISTRAR'S SIGNATURE: Alberta B. Brandt Deputy Local — 24. FUNERAL DIRECTOR: J. Wilkis Wells — ADDRESS: Chestertown Md.

VS-A15

12008

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
LENGTH OF STAY (In this place) 1 1/2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS County Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Westminster
STREET ADDRESS (If rural, give location) County Home

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) P. (Last) PIERCE GLENNAN
4. DATE OF DEATH: (Month) 12 (Day) 3 (Year) 1951

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Separated
8. DATE OF BIRTH: 5/12/92
9. AGE last birthday: 59 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Attendant
10b. KIND OF BUSINESS OR INDUSTRY: State Hospital
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Francis P. Glennon
14. MOTHER'S MAIDEN NAME: Margaret Fisher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): W.W. #1
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mr Harry Moore - Woodbine, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — Minutes

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ——— (c) ———

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
pro tem T. Thorsh, Deputy Medical Examiner — Westminster Md — 12/3/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12-5-51 — NAME OF CEMETERY OR CREMATORY Brafferton — LOCATION (City, town, or county) (State) Bark, Md.

DATE REC'D BY LOCAL REG. 12/4/51 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR C. M. Walty - Winfield, Md. — ADDRESS

VS-A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY CARROLL; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL SYKESVILLE
LENGTH OF STAY (in this place) 27 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) R. F. D. Woodside

3. NAME OF DECEASED (Type or Print): (First) MARJORIE (Middle) [illegible] (Last) [illegible]

4. DATE OF DEATH: (Month) 12 (Day) 9 (Year) 1951

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Unknown

9. AGE last birthday: 53 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: ?

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? ?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unk (If yes, give war or dates of service): ?

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Surgical Shock	4 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Increased intracranial pressure	4 hours
	(c) Generalized hypoxia	4 hours

300.1 80

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia, hebephrenic type — 26 years

19a. DATE OF OPERATION: 12-8-51 8 a.m.

19b. MAJOR FINDINGS OF OPERATION: Prefrontal Lobotomy

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work [ ] Not While At work [ ]

HOW DID INJURY OCCUR?

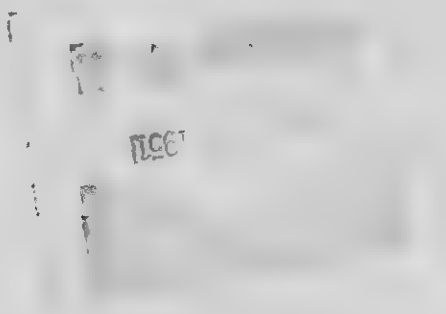
22. I hereby certify that I attended the deceased from 11-14 , 1924., to 12-9-, 1951., that I last saw the deceased alive on 12-9, 1951, and that death occurred at 12:05 a.m., from the causes and on the date stated above.

SIGNATURE Henry C. Head (Degree or Title) ADDRESS Sykesville DATE SIGNED 12/9/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12-12-51 — NAME OF CEMETERY OR CREMATORY: Springfield Hosp. — LOCATION (City, town, or county) (State): Sykesville, Md.

DATE REC'D BY LOCAL REG.: Dec. 12, 1951 — REGISTRAR'S SIGNATURE: C. Harry Wiles

24. FUNERAL DIRECTOR: Thos. Frazier & Son — ADDRESS: Sykesville, Md.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12010

Reg. Dist. No. 83

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodbine | LENGTH OF STAY (in this place) 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Whitsell Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodbine
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Luella (Middle) (Last) Harding

4. DATE OF DEATH: (Month) (Day) (Year) December 25, 1951

5. SEX: F. | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8. DATE OF BIRTH: — 1858 | 9. AGE last birthday: 93 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Home | 11. BIRTHPLACE (State or foreign country): Md. | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Andrew J. Worsley | 14. MOTHER'S MAIDEN NAME: Kate Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service): no | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT AND ADDRESS: M. Thomas Harding - Sykesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	4 da
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chr. Interstitial Nephritis	?
4424 131a	(c) Advanced Cardio-Renal- Vascular desease	yrs. ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 33, to Dec. 25, 1951, that I last saw the deceased alive on Dec. 24, 1951, and that death occurred at 7:45 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Stanley Grabill M.D. | ADDRESS Mt. Airy, Md. | DATE SIGNED 12/26/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE 12-29-51 | NAME OF CEMETERY OR CREMATORY Springfield | LOCATION (City, town, or county) (State) Sykesville, Carroll Md.

DATE REC'D BY LOCAL REG. Dec. 28, 1951 | REGISTRAR'S SIGNATURE Edna M White | 24. FUNERAL DIRECTOR ADDRESS Wm. Haight - Sykesville Md.

MARYLAND STATE DEPARTMENT OF HEALTH

12611

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 70

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the uses of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown Rural
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Taneytown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MINNIE (Middle) M (Last) HEFESTAY
4. DATE OF DEATH (Month) Dec (Day) 24 (Year) 1951
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 6-28-1865
9. AGE last birthday 86 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME William Mort
14. MOTHER'S MAIDEN NAME Mary Kane
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. none
17. INFORMANT Mrs Raymond Sharrer, Taneytown, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval between onset and death: min.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James L. Rook (Degree or title) Deputy Med. Examiner ADDRESS Westminster Md DATE SIGNED 12 24 51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12/26/51
NAME OF CEMETERY OR CREMATORY Keysville Cemetery
LOCATION (City, town, or county) (State) Keysville Maryland

DATE REC'D BY LOCAL REG. Dec. 26, 1951
REGISTRAR'S SIGNATURE Ethel M Mehring
24. FUNERAL DIRECTOR C. L. Fuss Son ADDRESS Taneytown, Md

Locdl

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

2112

Reg. Dist. No. 2X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Carroll

City or town: RURAL -- Sykesville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 years

Hospital, institution, or street address where death occurred:
Libert- Road, near Eldersburg

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Carroll

City or town: RURAL -- Sykesville
(If outside city or town limits, write RURAL and give nearest town)

Street No. or Eldersburg, Liberty Road
(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Helen Webb Hines

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female F	white	widowed

6.(b) Name of husband or wife: John B. Hines

6.(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): October 16, 1870

8. AGE:

Years	Months	Days	If less than one day
81	2	23	____ hrs. ____ min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual occupation: none

11. Industry or business:

FATHER

12. Name: Francis I. D. Webb

13. Birthplace:

MOTHER

14. Maiden name: Elizabeth Hokley

15. Birthplace:

16. Informant: Robert Tyson Greer

Address: Freedom, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 11, 1951 (month) (day) (year)

Cemetery or crematory: Druid Ridge

Location: Pikesville, Maryland

18. Funeral director: John J. Mitchell Sons, Inc.

Address: 1300 Eutaw Place, Baltimore, Md.

19. 12/10/51 (Date rec'd by registrar) M. B. Mitchell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 8 December 1951 at 1:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1945 19__ to 8 December 1951 and that I last saw h[illegible] alive on 8 December 1951

Immediate cause of death: hypertensive cardiovascular disease with arteriosclerosis and chr. myocarditis; chr. interstitial nephritis — Due to: Senile changes — Other conditions: None

	Interval between onset and death
hypertensive cardiovascular disease with arteriosclerosis and chr. myocarditis;	10 yrs. or more
chr. interstitial nephritis	10 yrs.
Senile changes	
None	

(Include pregnancy within 3 months of death)

Major findings of operations: [illegible]

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: [signature] M.D.
M. D. or other

Address: Sykesville Date signed: 12/8/51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12013

Reg. Dist. No. 81

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician: please write the causes of death clearly and legibly.

VS. A15.

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge; LENGTH OF STAY IN this place) 8 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MAE (Middle) (Last) HOOPER

4. DATE OF DEATH: (Month) Dec. (Day) 6 (Year) 1951

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 2/27/1894

9. AGE last birthday: 57 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Samuel Wetzel

14. MOTHER'S MAIDEN NAME: Grace Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Norman Wetzel, Union Bridge, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive Cardio-Vascular Disease — Interval Between Onset and Death: 3 1/2 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiac Failure

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1, 1949, to Dec. 6, 1951, that I last saw the deceased alive on Dec. 5, 1951, and that death occurred at 10:50 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M. E. Robertson M.D. New Windsor, Md 12/6/51

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial

DATE THEREOF: 12/8/51

NAME OF CEMETERY OR CREMATORY: Sugarcane Cem

LOCATION (City, town, or county) (State): Uniontown, Md.

DATE REC'D BY LOCAL REG. 12/7/51

REGISTRAR'S SIGNATURE: Leslie L. Reifsnider

24. FUNERAL DIRECTOR: D. O. Hartsuck Sons — Union Bridge, New Windsor, Md. ADDRESS

RECEIVED
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Carroll — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton
LENGTH OF STAY (in this place): 1yr. 10mos. 2dys.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore -5
STREET ADDRESS (If rural, give location): 1628 E. Monument St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JAMES	ROBERT	JOHNSON, JR	December	15,	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Negro	Single	March 17, 1916	35 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Truck Driver	Baltimore, Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert Johnson	Clara Linsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	213-05-1652	Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Far Advanced Bilateral Pulmonary Tuberculosis	July, 1949
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)		
(c)		

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb. 13, 1950, to Dec. 15, 1951, that I last saw the deceased alive on Dec. 15, 1951, and that death occurred at 10:55 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
I.T. Vestal,	M.D	Henryton, Maryland	12-15-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-19-51	Mt Calvary	Brooklyn

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-15-51	Deputy Local Reg.	Leroy O. Wilson	1000 Brantly Balto.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville; LENGTH OF STAY (in this place) 14 yrs, short; HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore; STREET ADDRESS (If rural, give location) unknown

3. NAME OF DECEASED (Type or Print): (First) Martha; (Middle); (Last) Johnson

4. DATE OF DEATH: (Month) (Day) (Year) December 20, 1951

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: 1873

9. AGE last birthday: 78 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during great(er) part of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Johnson

14. MOTHER'S MAIDEN NAME: Susan Gardner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Bronchopneumonia	5 days
422 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 92	(b)	Chronic myocarditis and myocardial degeneration	5 years
	(c)	Generalized arteriosclerosis	14 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis — 14 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-2, 1942, to 12-20-, 1951, that I last saw the deceased alive on 12-20-, 1951, and that death occurred at 2.15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Irene L. Wiseman, M.D. ADDRESS: Springfield State Hospital DATE SIGNED: 12-20-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: 12-22-51; NAME OF CEMETERY OR CREMATORY: Springfield Hospital; LOCATION (City, town, or county) (State): Sykesville, Md.

DATE REC'D BY LOCAL REG.: Dec. 22, 1951; REGISTRAR'S SIGNATURE: C. Henry Weis

24. FUNERAL DIRECTOR ADDRESS: Weis & Haight - Sykesville, Md.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 82

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Cearnell — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Mt Airy — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 40 - Parrsville

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W. Va — COUNTY Green brier
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East Rainelle
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WILLIAM	T	JONES	DEC	9	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	W	Single	10-25-1925	26 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic Radio Repair
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): W. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: V. A. Jones
14. MOTHER'S MAIDEN NAME: Lolly Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: V. A. Jones, East Rainelle, W.Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fracture Skull - Cervical Vertebrae Multiple frac. Mandible — INTERVAL BETWEEN ONSET AND DEATH

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b)

X25.5 (c) Automobile Accident

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Route 40 | (CITY OR TOWN) Mt Airy | (COUNTY) Cearnell | (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) 12 9 51 12:30 p.m. | INJURY OCCURRED While at work ☐ Not while at work ☑ | HOW DID INJURY OCCUR? Automobile accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) James T Marsh, Deputy Medical Examiner — ADDRESS Westminster Md — DATE SIGNED 12/9/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	12-12-1951	End Of The Trail	Greenbrier Co., W.Va.

DATE REC'D BY LOCAL REG. Dec. 10-1951 — REGISTRAR'S SIGNATURE Thos D Snyder

24. FUNERAL DIRECTOR: C. M. Waltz, Winfield, Md. — ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY CARROLL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sykesville
LENGTH OF STAY (in this place) 6 mos., 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 5702 Stuart Avenue

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) HENRY (Last) KING III
4. DATE OF DEATH: (Month) 12 (Day) 10 (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	married	2/21/81	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): gas station attendant
10b. KIND OF BUSINESS OR INDUSTRY: Trading Store
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James King
14. MOTHER'S MAIDEN NAME: Ida Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unk
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: Record, Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic myocardial degeneration	6 mo
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Aneurysm of Left ventricle	1½ yrs
30 e	(c) Syphilitic heart disease	5 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Psychosis c Central Nervous System Syphilis — 5 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/27, 1951, to 12/10, 1951, that I last saw the deceased alive on 12/10/, 1951, and that death occurred at 11:20 A EST m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
M. Virginia Beyer, M.D.	Sykesville, Maryland	12/10/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-13-51	Louisa Park	Laurel, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 10, 1951	C. Harry Weer	H. B. Wippert	1300 Eutaw Place

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 77

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead — LENGTH OF STAY in this place 26 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) WALTER — (Middle) E — (Last) KRIEL

4. DATE OF DEATH: (Month) Dec (Day) 2 (Year) 1951

5. SEX: M. | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: Feb 19 1875 | 9. AGE last birthday: 76 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grocer
10b. KIND OF BUSINESS OR INDUSTRY: Ade Mfg Co
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob Kriel
14. MOTHER'S MAIDEN NAME: Mary Rice

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs Walter Kriel - Hampstead Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cancer of Stomach	5 mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary Metastasis from	4 yrs
	(c)	

42.1
14.2

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 47, 1947, to Dec 2, 1951, that I last saw the deceased alive on Dec 2, 1951, and that death occurred at 5:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Morris C. Pritchard M.D.
ADDRESS: Hampstead, Md
DATE SIGNED: 12-2-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Dec 5-1951
NAME OF CEMETERY OR CREMATORY: Hampstead
LOCATION (City, town, or county) (State): Carroll Co Md

DATE REC'D BY LOCAL REG.: Dec 3-1951
REGISTRAR'S SIGNATURE: John L. Hughes
24. FUNERAL DIRECTOR: Edw C Tipton
ADDRESS: Hampstead Md

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12 1

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
LENGTH OF STAY (in this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS R. F. D. # 6

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
STREET ADDRESS (If rural, give location) R. F. D. 6

3. NAME OF DECEASED (Type or Print): (First) Jane (Middle) Thomas (Last) Lamme
4. DATE OF DEATH: (Month) Dec. (Day) 2 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 18, 1875
9. AGE last birthday: 76 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retire Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Westminster, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William B. Thomas
14. MOTHER'S MAIDEN NAME: Rebecca Fenton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ----------
17. INFORMANT AND ADDRESS: Ary Lamme, Jr. Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY ~~LEADING~~ TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Diabetes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension Myocarditis

260X 61 (c) Cancer Colon Rectum

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948, 19..., to 12-2-, 1951, that I last saw the deceased alive on 12-2 1951, and that death occurred at 9:15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. C. Jamuth M.D. ADDRESS Westminster Md DATE SIGNED 12-2-51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec. 4, 1951
NAME OF CEMETERY OR CREMATORY Westminster Cemetery
LOCATION (City, town, or county) (State) Westminster Md.

DATE REC'D BY LOCAL REG. 12/3/51
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR John R. Byers ADDRESS Westminster, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

VS (415)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

- PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS: A15

1. PLACE OF DEATH: COUNTY Carroll — STATE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westminster
LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Winfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg
STREET ADDRESS (If rural, give location) 32 Main St.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Virginia (Last) Sargent
4. DATE OF DEATH: (Month) Dec. (Day) 8 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Mar 27 1888
9. AGE last birthday: 63 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME George Wilson Teeter
14. MOTHER'S MAIDEN NAME Sarah Catherine Grason

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Travis Sargent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: Luke

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Essential Hypertension — 5 yrs
(c) Hypertension — 1 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1948, to Dec 8, 1951, that I last saw the deceased alive on Dec 8, 1951, and that death occurred at 10-30 m., from the causes and on the date stated above.
SIGNATURE: [signature] (Degree or title) ADDRESS Sykesville Md DATE SIGNED Dec 8-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Dec. 11 1951
NAME OF CEMETERY OR CREMATORY: Frostburg
LOCATION (City, town, or county) (State): Frostburg, Md.

DATE REC'D BY LOCAL REG.: Dec 6, 1951
REGISTRAR'S SIGNATURE: C. Harry Weer
27. FUNERAL DIRECTOR: Weer & Haight, Sykesville, Md.
ADDRESS

12021

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton | LENGTH OF STAY (in this place) 5mths.2days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 13,
STREET ADDRESS (If rural, give location) 1525 N. Broadway

3. NAME OF DECEASED (Type or Print): (First) EMMA (Middle) (Last) LAWSON
4. DATE OF DEATH: (Month) Dece. (Day) 20 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH: April 15, 1883
9. AGE last birthday: 68 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: Private family
11. BIRTHPLACE (State or foreign country): Greenville, N. Carolina
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Colbert
14. MOTHER'S MAIDEN NAME: Delia Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Far Advanced Bilateral Pulmonary Tuberculosis — March, 1951

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Diabetes Mellitus — 1939

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

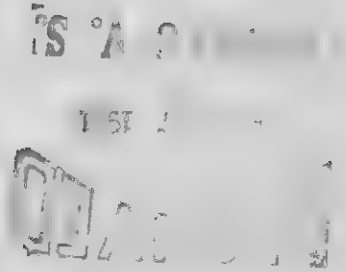
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 18, 1951, to Dec. 20, 1951, that I last saw the deceased alive on Dec. 20, 1951, and that death occurred at 4:45 P.M., from the causes and on the date stated above.

SIGNATURE: I.T. Vestal | (Degree or title) M.D | ADDRESS: Henryton, Maryland | DATE SIGNED: 12-20-51

23. BURIAL, CREMATION, REMOVAL (Specify): Funeral | DATE THEREOF: 12-22-51 | NAME OF CEMETERY OR CREMATORY: Greenville Cem. | LOCATION (City, town, or county) (State): Greenville, N.C.

DATE REC'D BY LOCAL REG. 12-20-51 | REGISTRAR'S SIGNATURE: Albert R. Sox, Mgmt. Deputy Local | 24. FUNERAL DIRECTOR: Mrs. Lobb Elliott | ADDRESS: 1129 N. Carolina St.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster | LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 210 South Conkling St

3. NAME OF DECEASED (Type or Print): (First) Adam (Middle) (Last) Lechart
4. DATE OF DEATH: (Month) 12 (Day) 22 (Year) 51

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Dec 8 1877
9. AGE last birthday: 74 yrs. | If under 1 year: Months / Days: 74 | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jodek Lodek
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Walter Lechert (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Gen. Arterio Sclerosis — 10 yrs
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 3 1949, to Dec 22, 1951, that I last saw the deceased alive on Dec 22 1951, and that death occurred at 9:35 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
W. H. Haslam MD — Westminster Md — Dec 22/1951

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)
Burial | Dec 26/1951 | Holy Rosary Cemetery | Balto.

DATE REC'D BY LOCAL REG. DEC 27 1951 | REGISTRAR'S SIGNATURE W. H. Dedrick | 24. FUNERAL DIRECTOR | ADDRESS
John M. Weiler — 401 E. Chester Street

VS. A15

DEC

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll — Sykesville — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2023 Gough St.

3. NAME OF DECEASED (Type or Print): (First) Eleanor (Middle) Barbara (Last) Malkowski
4. DATE OF DEATH: (Month) 12 (Day) 15 (Year) 1951

5. SEX: F.
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: 7. 11. 1924
9. AGE last birthday: 27 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): secretary
10b. KIND OF BUSINESS OR INDUSTRY: Doctors Office
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Adam Malkowski
14. MOTHER'S MAIDEN NAME: Mary Stonkiewicz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Records: Springfield State Hospital, Sykesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	a few weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Glomerulonephritis	6 years
	(c)	

592X
B10

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia, Catatonic type. — 5 month.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12. 4., 1951, to 12. 15., 1951, that I last saw the deceased alive on 12. 15., 1951, and that death occurred at 6 10 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Witold V. Winiarz M. D. Springfield State Hospital, Sykesville, Md. 12.15.51.

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)
Burial — Dec. 19-1951 — Holy Cross — Laxton, Co. Md.

DATE REC'D BY LOCAL REG. 12/17/51 — REGISTRAR'S SIGNATURE N. W. Tedrick — 24. FUNERAL DIRECTOR — ADDRESS
Wm. L. Piatkowski — 2007 Eastern Ave

Dmr

VS, A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 78

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-- Mt. Airy
LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural--Mt. Airy
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) EDWARD (Last) Moxley
4. DATE OF DEATH: (Month) Dec. (Day) 17 (Year) 1951

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 7-6-1869
9. AGE last birthday: 82 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (retired)
10b. KIND OF BUSINESS OR INDUSTRY: own farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Moxley
14. MOTHER'S MAIDEN NAME: Sarah Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no. (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Stanley D. Moxley, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypo-tension due to	2 days
420.1 93d	(c) Myocarditis - (6hr)	?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Advanced arterio-sclerosis	?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/16, 1951, to 12/17, 1951, that I last saw the deceased alive on 12/17, 1951, and that death occurred at 11:38 p.m., from the causes and on the date stated above.

SIGNATURE Stanley Grabill (Degree or title) M.D ADDRESS Mt Airy - Md DATE SIGNED Dec 17, 1951

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE 12-19-1951
NAME OF CEMETERY ~~OR CREMATORY~~ Marvin Chapel
LOCATION (City, town, or county) (State) Frederick Co., Md.

DATE REC'D BY LOCAL REG. 12-19-51
REGISTRAR'S SIGNATURE S. M. Farver
24. FUNERAL DIRECTOR C. H. Waltz, ADDRESS Winfield, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH
COUNTY Carroll
STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Finksburg Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY ~~Baltimore Co~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Josephine (Middle) Parks (Last) Murray

4. DATE OF DEATH (Month) (Day) (Year): Dec. 12, 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: July 8, 1865

9. AGE last birthday: 86 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Texas, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Parks

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Thomas Poe, Reisterstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Edema	3 hr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic - Hypertensive C.V. Disease	15 yrs.
	(c)	

410 X 9

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1950, to Dec. 12, 1951, that I last saw the deceased alive on Dec. 12, 1951, and that death occurred at 11:00 P. m., from the causes and on the date stated above.

SIGNATURE: Martin E. Strobel (Degree or title) M.D. ADDRESS: Reisterstown, Md. DATE SIGNED: 12/13/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Dec. 15, 1951
NAME OF CEMETERY OR CREMATORY: Deer Park
LOCATION (City, town, or county) (State): Baltimore Co.

DATE REC'D BY LOCAL REG. 12-14-51
REGISTRAR'S SIGNATURE: Mary B. Eline.
24. FUNERAL DIRECTOR ADDRESS: J.F. Eline & Sons, Reisterstown, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1951

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

12326

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 75

1. PLACE OF DEATH: COUNTY Carroll; CITY (If outside corporate limits, write RURAL and OR TOWN) Manchester (Melrose); HOSPITAL OR INSTITUTION OR STREET ADDRESS Manchester md. R.F.D.1; MARYLAND; LENGTH OF STAY (In this place) 9 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester (Melrose); STREET ADDRESS (If rural, give location) Manchester md. R.F.D.1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Minnie	Missouri	Myers	December 9 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	March 7- 1873	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Housewife	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Solomon Boose	Savanna Koontz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no		none	Mrs Oscar Wentz Manchester, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma Colon with	1 yr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) metastatic spread to entire gastro - intestinal tract	
153X 46	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec 3, 1951, to Dec 9, 1951, that I last saw the deceased alive on Dec 6, 1951, and that death occurred at 3 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. H. Foard	M.D.	Manchester, Md	Dec 9, 1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 11 1951	St. Paul's Cemetery	Manchester, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 9/51	Mrs. Wm. Devine	Thos. Motter & Son	Manchester, Md.

Pg. 1 of 2 Pgs.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A1B

1. PLACE OF DEATH: COUNTY: Carroll — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton — LENGTH OF STAY (in this place): 6mths. 23days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 17
STREET ADDRESS (If rural, give location): 628 Mosher Street

3. NAME OF DECEASED (Type or Print): (First) ARTHUR (Middle) (Last) NEELY
4. DATE OF DEATH: (Month) Dec., (Day) 21 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Dec., 12, 1898
9. AGE Last birthday: 53 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Porter
10b. KIND OF BUSINESS OR INDUSTRY: Stewart & Co.
11. BIRTHPLACE (State or foreign country): Fairfield, Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Wesley Neely
14. MOTHER'S MAIDEN NAME: Emma Lee Neely
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 215-03-2470
17. INFORMANT AND ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Far Advanced Bilateral Pulmonary Tuberculosis — 1947

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 28, 1951, to Dec. 21, 1951, that I last saw the deceased alive on Dec., 21, 1951, and that death occurred at 8:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

I.F. Vestal M.D. Henryton, Maryland 12-21-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial. | DATE THEREOF: 12/24/51. | NAME OF CEMETERY OR CREMATORY: Carroll Chapel | LOCATION (City, town, or county) (State): Barton, Calvert Co., Md.

DATE REC'D BY LOCAL REG.: 12-21-51 | REGISTRAR'S SIGNATURE: Albert E. Strawbridge Deputy Local | 24. FUNERAL DIRECTOR: Wilbur L. Hinson. | ADDRESS: 1120 Argyle Ave. Baltimore, Md.

12028

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 75

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester
LENGTH OF STAY (in this place) 9 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Long View Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Pennsylvania — COUNTY Adams
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hanover
STREET ADDRESS (If rural, give location) Colonial Hotel

3. NAME OF DECEASED (Type or Print): (First) Calvin (Middle) (Last) Newman

4. DATE OF DEATH: (Month) December (Day) 25 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: April 10, 1878

9. AGE last birthday: 73 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Batching

11. BIRTHPLACE (State or foreign country): Adams Co. Pa.

12. CITIZEN OF WHAT COUNTRY? USA Yes

13. FATHER'S NAME: Charles Newman

14. MOTHER'S MAIDEN NAME: Amanda Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Wilbur Newman, Stake St. Hanover Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-Sclerotic Cardio-Vascular Disease

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) 36 hours (b) ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Carcinoma of Prostate

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) (COUNTY) (STATE): — — —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 27 19 51, to Dec 25, 19 51, that I last saw the deceased alive on Dec 24, 19 51, and that death occurred at 5:30 A m., from the causes and on the date stated above.

SIGNATURE Joseph E Bentz (Degree or title) ADDRESS Hampstead Md DATE SIGNED 12-25-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Dec. 28, 1951

NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery

LOCATION (City, town, or county) (State): York Co, Pa.

DATE REC'D BY LOCAL REG. Dec. 25/51

REGISTRAR'S SIGNATURE Mrs. Wm. Demmer

24. FUNERAL DIRECTOR: R B Wink ADDRESS Manchester Md.

VS-A15

RECEIVED
DEC 28 1951
BUREAU V. S.

12029

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Westminster about 3 Boys
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Westminster RD#4

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Westminster
STREET ADDRESS (If rural, give location) Manchester Road

3. NAME OF DECEASED (Type or Print): (First) JESSE (Middle) HARRISON (Last) NULL
4. DATE OF DEATH: (Month) Dec (Day) 19 (Year) 1951

5. SEX: M.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Sept 13 1875
9. AGE last birthday: 76 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired Truckfarmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Carroll Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Null
14. MOTHER'S MAIDEN NAME: Rachel Mullen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 7
17. INFORMANT AND ADDRESS: Mrs Mary N. Robertson Westminster Md. RD#4

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia — Interval Between Onset and Death: 5 days

162 X 472 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchogenic carcinoma — 1 yr. +

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 30 1945 to Dec 19 1951, that I last saw the deceased alive on Dec 19 1951, and that death occurred at 7 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
C. Reese Wilbens M.D. Carroll Westminster 12/20

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Dec 23 51
NAME OF CEMETERY OR CREMATORY: Lenten Cemetery
LOCATION (City, town, or county) (State): Rural Westminster Md.

DATE RECD BY LOCAL REG. 12/24/51
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR: J. S. Myers - J. Westminster Md.
ADDRESS

12030

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Carroll — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Marriattsville
LENGTH OF STAY (In this place): 3 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Marriattsville
STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print): (First) LOIDA (Middle) BETTY (Last) ROBERTS

4. DATE OF DEATH: (Month) December (Day) 8 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: July 4, 1904

9. AGE last birthday: 47 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Abe Surgner

14. MOTHER'S MAIDEN NAME: Callie Pridmore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Roberts, Marriottsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

174X — Immediate cause (a) Generalized peritonitis due to obstruction to rectum due to carcinoma of uterus

48 — Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Stanley H. Duncachen (Degree or title) — ADDRESS: 700 Fleet St., Baltimore 2, Md. — DATE SIGNED: Dec. 3, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec. 11 1951 — NAME OF CEMETERY OR CREMATORY: Black Water — LOCATION (City, town, or county) (State): Black Water, Va.

DATE REC'D BY LOCAL REG.: Dec. 9, 1951 — REGISTRAR'S SIGNATURE: C. Harry Keen

24. FUNERAL DIRECTOR — ADDRESS: Luther H. Haight, Sykesville, Md.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Manchester
LENGTH OF STAY (in this place): 5 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Long View Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Balto. Md.
STREET ADDRESS (If rural, give location): 739. W. Cold Spring Ave

3. NAME OF DECEASED (Type or Print): (First) Miriam (Middle) Eleanor (Last) Robinson
4. DATE OF DEATH: (Month) Dec (Day) 15 (Year) 1951
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Feb 10. 1868
9. AGE last birthday: 83 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Spaner
14. MOTHER'S MAIDEN NAME: Julia Martin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs. M. Pansch 1630. Waverley Way

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis. — ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-sclerotic Cardio-Vascular disease — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diaphragmatic Hernia — ?

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 10, 1951, to Dec 15, 1951, that I last saw the deceased alive on Dec 15, 1951, and that death occurred at 10:30 A.m., from the causes and on the date stated above.

SIGNATURE: Joseph E. Bush (Degree or title) MD ADDRESS: Hampstead Md DATE SIGNED: 12-15-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 12/17/51 — NAME OF CEMETERY OR CREMATORY: Rocky Rest Cem Rockland. — LOCATION (City, town, or county) (State): Balto Co Md.

DATE REC'D BY LOCAL REG.: 12/17/51 — REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR — ADDRESS: Lassahn Funeral Home 7401 Belair Rd.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 77

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead — LENGTH OF STAY (in this place) 2 mths.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Solent Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Acadia
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Edward (Last) Rote

4. DATE OF DEATH: (Month) 12, (Day) 8, (Year) 1951

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Write): Widower

8. DATE OF BIRTH: Jan 29, 1864 — 9. AGE last birthday: 87 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Carpenter — 10b. KIND OF BUSINESS OR INDUSTRY: Carpentering — 11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Thomas D. Rote — 14. MOTHER'S MAIDEN NAME: Sara Wheeler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT: Mrs Deborah Rote Albaugh

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 12 hrs

420.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Art. Sclerosis, Cardio Vascular Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Virus Pneumonia — 4 wks.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12, 2, 1951, to 12, 8, 1951, that I last saw the deceased alive on 12, 7, 1951, and that death occurred at 7.10 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Joseph E. Buschmann M.D. — ADDRESS Hampstead Md — DATE SIGNED 12, 8, 1951

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE Dec 11/51 — NAME OF CEMETERY OR CREMATORY Hampstead — LOCATION (City, town, or county) Carroll Co (State) Md

DATE REC'D BY LOCAL REG. Dec 10, 1951 — REGISTRAR'S SIGNATURE John L. Hughes — 24. FUNERAL DIRECTOR Edw C Fitton — ADDRESS Hampstead Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Carrol — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville — LENGTH OF STAY (in this place): 39 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westminster
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Effie (Middle) G. (Last) Schaeffer
4. DATE OF DEATH: (Month) December (Day) 7 (Year) 1951
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 10 - 5 - 78
9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress
10b. KIND OF BUSINESS OR INDUSTRY: Clothing
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: ALBERT (unknown) - Schaeffer
14. MOTHER'S MAIDEN NAME: Mary Feiner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): N.A. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT AND ADDRESS: Hospital Records - Sykesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic bilateral fibrous tuberculosis — Indefinite

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 6, 19 12, to December 7 1951, that I last saw the deceased alive on Dec. 7, 19 51, and that death occurred at 5:40 P m., from the causes and on the date stated above.

SIGNATURE: Henry G. Mead M.D. (Degree or title) — ADDRESS: Sykesville, Md. — DATE SIGNED: 12/7/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec 10 1951 — NAME OF CEMETERY OR CREMATORY: Winders Cemetery — LOCATION (City, town, or county) (State): Westminster Md.

DATE REC'D BY LOCAL REG.: Dec. 8, 1951 — REGISTRAR'S SIGNATURE: C. Fanny Horn

24. FUNERAL DIRECTOR: H Bankard Son — ADDRESS: Westminster Md

12034

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
LENGTH OF STAY (in this place) about 8 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. 7

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster (Pleasant Valley Road)
STREET ADDRESS (If rural, give location) near Frizzellburg

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JAMES	HENRY	SHELL	Dec	6	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	W.	widowed	March 7, 1862	89 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	farm work etc.	White Stone Va.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Henry Shell	Amanda Genevieve ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Unknown	225-12-3953A	Mrs. Frank L. Williams Westminster RD#7 Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemmorhage	6 days
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 53	(b) Arteriosclerosis	10+ yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Basal Skin cancer (face) — 4 yrs ±

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec 1, 1951, to Dec 10, 1951, that I last saw the deceased alive on Dec 3, 1951, and that death occurred at 4:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Eleese Wilkens M.D. — 7 Carroll Westminster — 12/7/51

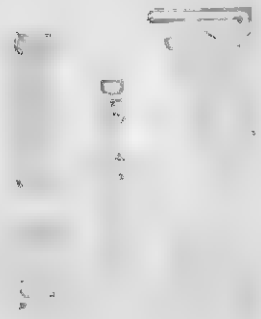
23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 10. 1951	Parkwood Cemetery	Baltimore Md.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/7/51	L. Bloomdenn	J. S. Myers & Son	Westminster, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

12035

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ....

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millers
LENGTH OF STAY (in this place) 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millers
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) Harvey (Middle) Sylvester (Last) Shaffer

4. DATE OF DEATH: (Month) December (Day) 27 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: July 10 1878

9. AGE last birthday: 73 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (retired)

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mallard Shaffer

14. MOTHER'S MAIDEN NAME: Susan Waltz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. —

17. INFORMANT AND ADDRESS: Mrs Corrine Prof. Millers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis. — Interval between Onset and Death: ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteria Sclerotic Cardio Vascular Renal — ?

(c) —

4221
92d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 26, 1950, to Dec 27, 1951, that I last saw the deceased alive on Dec 26, 1951, and that death occurred at 5:20 A.M., from the causes and on the date stated above.

SIGNATURE: Joseph E Buck (Degree or title) M.D. ADDRESS: Hampstead Md DATE SIGNED: Dec 27/1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12/29/51 — NAME OF CEMETERY OR CREMATORY: Manchester Cem — LOCATION (City, town, or county) (State): Manchester Carroll Co Md

DATE REC'D BY LOCAL REG. Dec. 27/51 — REGISTRAR'S SIGNATURE: Mrs. M. S. Denner — 24. FUNERAL DIRECTOR: R B Wine — ADDRESS: Manchester, Md

JAN 3

12036

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 81

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge; LENGTH OF STAY (in this place) years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Broadway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge; STREET ADDRESS (If rural, give location) Broadway

3. NAME OF DECEASED (Type or Print): (First) NELSON (Middle) FILLMORE (Last) SHRY

4. DATE OF DEATH: (Month) Dec (Day) 21 (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 11/14/1887

9. AGE last birthday: 64 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Broom Shreader

10b. KIND OF BUSINESS OR INDUSTRY: Rubber Plant

11. BIRTHPLACE (State or foreign country): Carroll Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Andrew J. Shry

14. MOTHER'S MAIDEN NAME: Catherine Umbaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war, or dates of service)

16. SOCIAL SECURITY NO. 218-24-7994

17. INFORMANT AND ADDRESS: Lucie F. Shry, Union Bridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) same

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 21, 1951, to Dec 21, 1951, that I last saw the deceased alive on Dec 21, 1951, and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE: J. N. Legg (Degree or title) ADDRESS Union Bridge DATE SIGNED 12-22-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Dec 24-1951

NAME OF CEMETERY OR CREMATORY Monocacy Cem

LOCATION (City, town, or county) Beallsville, Md (State)

DATE REC'D BY LOCAL REG. Dec 24, 1951

REGISTRAR'S SIGNATURE Lulie D. Repp

24. FUNERAL DIRECTOR: D. N. Hartsock & Sons ADDRESS Union Bridge & New Windsor, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville; LENGTH OF STAY (in this place) 2 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City.; STREET ADDRESS (If rural, give location) Unkown. ✓

3. NAME OF DECEASED (Type or Print): (First) Louis (Middle) Charles (Last) Siegel

4. DATE OF DEATH: (Month) Dec. (Day) 30, (Year) 19 51.

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) S/T M

8. DATE OF BIRTH: 5/23/1889.

9. AGE last birthday: 62 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Servant

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Baltimore, City, Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Fr nz J. Siegel

14. MOTHER'S MAIDEN NAME: Caroline Lockhardt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: -

17. INFORMANT AND ADDRESS: Springfield State Hospital, Sykesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia — Interval between onset and death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardial Degeneration — Interval between onset and death: Over 25 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia, Paranoid Type. Over 25 yrs

19a. DATE OF OPERATION: -

19b. MAJOR FINDINGS OF OPERATION: -

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): -

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): -; (CITY OR TOWN): -; (COUNTY): -; (STATE): -

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: -

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from Sept. 1, 1947, to Dec. 30, 1951; that I last saw the deceased alive on Dec. 30, 1951, and that death occurred at 2:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Martin Gross, M.D. ADDRESS: Springfield State Hosp. Sykesville, Md. DATE SIGNED: 12-30-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 1/2/52

NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.

LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: 1/2/52

REGISTRAR'S SIGNATURE: -

24. FUNERAL DIRECTOR: Wm. J. Tickner & Sons ADDRESS: Balto 17 Md

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS: AIS

1. PLACE OF DEATH: COUNTY Carroll; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Westminster; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Westminster; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Edgar; (Middle) A.; (Last) Snyder

4. DATE OF DEATH: (Month) Dec. (Day) 26 (Year) 195[illegible]

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 9, 1886

9. AGE last birthday: 65 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: General farm farming

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Jesse P. Snyder

14. MOTHER'S MAIDEN NAME: Dora E. Amelung

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Edgar Snyder Westminster, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Coronary Occlusion	2 hours.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) General Arterio-Sclerosis	10 years.
	(c)	

420.1 / 34a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION; 19b. MAJOR FINDINGS OF OPERATION; 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/26, 195[illegible], to 12/26, 195[illegible], that I last saw the deceased alive on 12/26, 195[illegible], and that death occurred at 8:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Heather Dow M.D. ADDRESS Westminster - Md DATE SIGNED 12/27/51

23. BURIAL, CREMATION, REMOVAL (Specify): Buried; DATE THEREOF: Dec 29 1951; NAME OF CEMETERY OR CREMATORY: Kruds Cemetery; LOCATION (City, town, or county) (State): Westminster Maryland

DATE REC'D BY LOCAL REG. 12/28/51; REGISTRAR'S SIGNATURE [illegible]; 24. FUNERAL DIRECTOR: C. C. Russ & Son; ADDRESS: Taneytown, Md.

2 1952

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 15

1. PLACE OF DEATH: COUNTY: Carroll; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville
LENGTH OF STAY (in this place): since 3/16/51
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: ---
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
STREET ADDRESS (If rural, give location): 1624 McHenry Street

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Leonard (Last) SNYDER
4. DATE OF DEATH: (Month) December (Day) 13 (Year) 1951

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married
8. DATE OF BIRTH: 3/22/78
9. AGE last birthday: 73 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baker
10b. KIND OF BUSINESS OR INDUSTRY: Hotel
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? unknown

13. FATHER'S NAME: Jacob Snyder
14. MOTHER'S MAIDEN NAME: Margarette Snyder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT AND ADDRESS: Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerosis	more than 2 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetes	more than 2 years
	(c) ---	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis — more than 2 yrs.

19a. DATE OF OPERATION: ---
19b. MAJOR FINDINGS OF OPERATION: ---
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ---
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: ---
(CITY OR TOWN): ---
(COUNTY): ---
(STATE): ---

TIME OF INJURY (Month) (Day) (Year) (Hour): ---
INJURY OCCURRED While at Work ☐ Not While At work ☐: ---
HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from July 17, 1951, to Dec. 12, 1951, that I last saw the deceased alive on Dec. 12, 1951, and that death occurred at 5:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Martin Gross, M. D.
ADDRESS: Sykesville, Md.
DATE SIGNED: 12/13/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 12-19-51
NAME OF CEMETERY OR CREMATORY: Tilestun
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: Dec 13 1951
REGISTRAR'S SIGNATURE: C. Harry Wilson
24. FUNERAL DIRECTOR: Wm. Cook & Co. 1210 Light St.
ADDRESS

12040

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 70

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Taneytown
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Stonerise Dam

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Littlestown
STREET ADDRESS (If rural, give location) 31 Prince Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
PAUL	LEON	SNYDER	Dec	2	51

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
MALE	WHITE		JAN. 19 1941	10 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): Pa. — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: PAUL R. SNYDER — 14. MOTHER'S MAIDEN NAME: OLIVE C BEFORD SNYDER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT: PAUL R. SNYDER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

919.8 **Immediate cause** (a) Penetrating wound left Chest — Minutes

184 **Antecedent cause(s)** Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY (OR CONTRIBUTING) CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Stonerise Dam — (CITY OR TOWN) Taneytown — (COUNTY) Carroll — (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 2 1951 4:30 p.m. — INJURY OCCURRED While at work ☐ Not while at work ☑ — HOW DID INJURY OCCUR? Home made "bomb" exploded

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

James T Marsh Deputy Medical Examiner, Westminster Md — Dec 2/1951

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: DEC. 5th — NAME OF CEMETERY OR CREMATORY: ST. ALOYSIUS — LOCATION (City, town, or county) (State): LITTLESTOWN PA

DATE REC'D BY LOCAL REG. Dec. 3, 1951 — REGISTRAR'S SIGNATURE: Mary B. Wilt, Deputy

24. FUNERAL DIRECTOR — ADDRESS: J. W. Little & Son, Littlestown, Pa.

VS. A15A

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 80

1. PLACE OF DEATH
COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Windsor
MARYLAND
LENGTH OF STAY (in this place) 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Windsor
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ROSIE (Middle) MAE (Last) STRINE

4. DATE OF DEATH: (Month) Dec. (Day) 30 (Year) 1957

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Dowd

8. DATE OF BIRTH: 4/6/1869

9. AGE last birthday: 87 yrs. If under 1 year: Months; If under 24 hrs.: Days; Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Edward Harris

14. MOTHER'S MAIDEN NAME: Margaret Haines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT AND ADDRESS: Cletus Fink New Windsor, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Softening of brain — Interval Between Onset and Death: 2 mos

332X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Arteriosclerosis — duration unknown

83c (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1957, to Dec 30 1957, that I last saw the deceased alive on Dec 29, 1957, and that death occurred at 8 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

9 Russell Bens M.D. Westminster 12/29/57

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 1/2/58

NAME OF CEMETERY OR CREMATORY: Sams Creek Cem.

LOCATION (City, town, or county) (State): New Windsor, Rural

DATE REC'D BY LOCAL REG. Dec 31 '57

REGISTRAR'S SIGNATURE Emma S Bendel

24. FUNERAL DIRECTOR ADDRESS

C. W. Hoffacker & Sons Elmer Bridget New Windsor, Md.

REC'D
JAN 4 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 12642

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frizelburg | LENGTH OF STAY (in this place): 23 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frizelburg
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Donald	E.	Streng	Dec	13	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	single	11/23/1928	23 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
farmer - lived for father		md	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Streng	Naomie Babylon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	none	Joseph W Streng - Westminster R.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hodgkin's disease, Cancer of lung & liver.	9 Mos.
Antecedent cause(s)	(b) Syphilis	Few Mos
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Myocarditis	1wk - 10 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec, 1950, to Dec 13, 1951, that I last saw the deceased alive on Dec 13-, 1951, and that death occurred at 1130 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. C. Jermette	M.D.	Westminster Md	12-14-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	12/16/51	St. Matthews	Pleasant Valley	md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/14/51	[signature]	Hob Fuss & Son	Taneytown md

VS: A15

1951
BUREAU V. S.

12043

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster | LENGTH OF STAY (in this place) 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Charles St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Westminster
STREET ADDRESS (If rural, give location) 50 Charles St.

3. NAME OF DECEASED (Type or Print): (First) HAZEL (Middle) TERESA (Last) SUMMERS

4. DATE OF DEATH: (Month) Dec. (Day) 22 (Year) 1951

5. SEX: F. | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: May 7 1947 | 9. AGE last birthday: 4 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): X | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Westminster Md | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Herman Lee Summers | 14. MOTHER'S MAIDEN NAME: Anna Christine Simms

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Mrs. Herman Summers Westminster Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) acute Cardiac Decompensation — 3 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Broncho-Pneumonia — 4 days

4 1X 107

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12.22., 1951, to 12.22., 1951, that I last saw the deceased alive on 12.22., 1951, and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Thos. R. Foutz, M.D. | Westminster Md | 12.23.51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 12.24.51 | NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery | LOCATION (City, town, or county) New Windsor (State) Md.

DATE RECD BY LOCAL REG. 12/28/51 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS
E. E. Rogers | Westminster Md

VS. A12

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH — COUNTY: Carrol — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville
LENGTH OF STAY (In this place): since 11/18/6
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: ---
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
STREET ADDRESS (If rural, give location): 1o5 W.27th Street ✓

3. NAME OF DECEASED (Type or Print): Charles (First) Joseph (Middle) Vincent (Last)

4. DATE OF DEATH: December (Month) 15 (Day) 1951 (Year)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	single	Febr.23,1875	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	American Can Co.	Baltimore City	United States

13. FATHER'S NAME: Thomas B. Vincent

14. MOTHER'S MAIDEN NAME: Helen ---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
unknown ----	unknown	Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Myocardial infarction	Few seconds
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive vascular disease	5 yrs.
(c) Arteriosclerosis	Many yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis	7 years

420.1
342

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
---	---	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
---	---	---		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
---			m.	--	---

22. I hereby certify that I attended the deceased from Sept. 1, 1947, to Dec. 14, 1951, that I last saw the deceased alive on Dec. 14, 1951, and that death occurred at 8:32 a.m., from the causes and on the date stated above.

SIGNATURE: Martin Gross, M.D. (Degree or title) ADDRESS: Sykesville, Md. DATE SIGNED: 12/15/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-24-51	Springfield	Sykesville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 23, 1951	C. Henry Lewis	West & Haight	Sykesville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 82

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Carroll — STATE: MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Harrisville
   LENGTH OF STAY (in this place): 11 yrs
   HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Carroll
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Harris's ville
   STREET ADDRESS (If rural, give location): Rural - Mt. Airy

3. NAME OF DECEASED (Type or Print): (First) Effie (Middle) C. (Last) Wagner

4. DATE OF DEATH: (Month) 12 (Day) 28 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: 5-23-1861

9. AGE last birthday: 90 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Fra Horton

14. MOTHER'S MAIDEN NAME: Mary Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Leonard Bowman Mt. Airy Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Oedema — 2 days

422.2 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic Cardiac Decompensation — 4 mo.

92c (c) Chr. Myocarditis — ? yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Aortic and Systolis valvular desease of Rheumatic origon — ? yrs

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

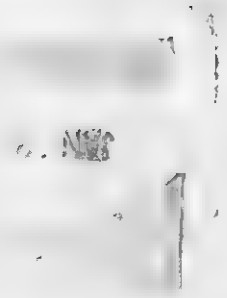
22. I hereby certify that I attended the deceased from Oct. 9, 1951, to Dec. 28, 1951, that I last saw the deceased alive on Dec. 27, 1951, and that death occurred at 9 P.' m., from the causes and on the date stated above.

SIGNATURE: J. Stanley Grabill (Degree or title) M.D. ADDRESS: Mt. Airy, Md. DATE SIGNED: December 29, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 12-31-1951 — NAME OF CEMETERY OR CREMATORY: Wingmore — LOCATION (City, town, or county) (State): Unionville Md.

DATE RECD BY LOCAL REG.: Dec 30/51 — REGISTRAR'S SIGNATURE: Thos D Snyder

24. FUNERAL DIRECTOR: C. M. Waltz — ADDRESS: Uniontown, Md.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville, Md.; STATE MARYLAND; LENGTH OF STAY (In this place) 7 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Maryland; STREET ADDRESS (If rural, give location) Unknown

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) --- (Last) Wagner

4. DATE OF DEATH: (Month) 12 (Day) 18 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 10-5-1860

9. AGE last birthday: 91 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: August Hummel

14. MOTHER'S MAIDEN NAME: (?) Winters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ---? (If yes, give war or dates of service) ---

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT AND ADDRESS: Half-brother: Wm. Hummel - Balto., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Cebebral hemmorrhage	1 month
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Generalized arteriosclerosis	12 yrs.
	(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION ---

19b. MAJOR FINDINGS OF OPERATION ---

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT (Specify) SUICIDE HOMICIDE ---

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ---; (CITY OR TOWN) ---; (COUNTY) ---; (STATE) ---

TIME OF INJURY (Month) (Day) (Year) (Hour) ---; INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from 6-14-45, to 12-18-51, that I last saw the deceased alive on 12-18-51, and that death occurred at 1:45 A.M., from the causes and on the date stated above.

SIGNATURE M. N. Mastin, M.D. (Degree or title) ADDRESS Springfield State Hosp. Sykesville, Md. DATE SIGNED 12-18-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE THEREOF 12-21-51; NAME OF CEMETERY OR CREMATORY Cathedral; LOCATION (City, town, or county) Balto. (State) Md.

DATE REC'D BY LOCAL REG. Dec. 18, 1951; REGISTRAR'S SIGNATURE C. Harvey Tilden

24. FUNERAL DIRECTOR Walters Funeral Home - Pratt & Stricker; ADDRESS ---

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

12047

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 29

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Carroll County
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville, Maryland
LENGTH OF STAY (in this place): 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1100 Linden Avenue

3. NAME OF DECEASED (Type or Print): (First) Genevieve (Middle) Angela (Last) Webb

4. DATE OF DEATH: (Month) 12 (Day) 18 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 4, 1885

9. AGE last birthday: 66 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Philip W. Hess

14. MOTHER'S MAIDEN NAME: Mary Rooney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ---- (If yes, give war or dates of service) ----

16. SOCIAL SECURITY NO. ----

17. INFORMANT AND ADDRESS: (Unable to locate)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Coronary occlusion	12 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Chronic myocarditis	5 yrs (?)
93d	(c)	Generalized arteriosclerosis	10 yr. (?)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ---

19b. MAJOR FINDINGS OF OPERATION: ---

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE ---- (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ---- (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) ---- m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? ----

22. I hereby certify that I attended the deceased from 10-13-, 1951, to 12-18-, 1951, that I last saw the deceased alive on 12-18-, 1951, and that death occurred at 2:20 A.M., from the causes and on the date stated above.

SIGNATURE: M. N. Mastin, M.D. (Degree or title) ADDRESS: Springfield State Hosp. - Sykesville, Md. DATE SIGNED: 12-18-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 12/21/51
NAME OF CEMETERY OR CREMATORY: Lorraine Park Cem.
LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REG.: 12/19/51
REGISTRAR'S SIGNATURE: [signature]
24. FUNERAL DIRECTOR: Wm. J. Tickner & Sons
ADDRESS: Baltimore 17, Md.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12844

Reg. Dist. No. 50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Windsor
LENGTH OF STAY (In this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS New Windsor
MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Windsor
STREET ADDRESS (If rural, give location) New Windsor

3. NAME OF DECEASED (Type or Print): (First) Carroll (Middle) W (Last) Weller

4. DATE OF DEATH: (Month) Dec (Day) 18 (Year) 1951

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH June 17 1891

9. AGE Last birthday 60 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Salesman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Horace Weller

14. MOTHER'S MAIDEN NAME Margaret Crawmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. 212-16-4848

17. INFORMANT AND ADDRESS Velma Fringer, New Windsor, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — Interval Between Onset and Death: 1 Week

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Bronchial asthma,
(c) Chronic Nephritis,

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1949, to 12/18, 1951, that I last saw the deceased alive on 12/18, 1951, and that death occurred at 3:15 A m., from the causes and on the date stated above.

SIGNATURE M. E. Robertson (Degree or title) MD ADDRESS New Windsor. Md DATE SIGNED 12/19/51

23. BURIAL, CREMATION / REMOVAL (Specify) Burial — DATE THEREOF Dec 22-1951 — NAME OF CEMETERY OR CREMATORY Winters — LOCATION (City, town, or county) (State) near New Windsor Md

DATE REC'D BY LOCAL REG. Dec 21 '51 — REGISTRAR'S SIGNATURE Ena V Buhl Local Reg

24. FUNERAL DIRECTOR ADDRESS J. D. Hartzler & Sons New Windsor & Union Bridge, Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12641

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the uses of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Johnsville; LENGTH OF STAY (In this place) 28 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Johnsville Road; STATE Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Johnsville; STREET ADDRESS (If rural give location) Johnsville Road

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Carroll (Last) Whitaker Jr.

4. DATE OF DEATH: (Month) Dec (Day) 24 (Year) 1951

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 12/3/51

9. AGE last birthday yrs.: If under 1 year Months; Days 20; If under 24 hrs. Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Carroll Whitaker

14. MOTHER'S MAIDEN NAME: Margaret L. Huston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Margaret L. Whitaker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lobar pneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 7 days

(c)

INTERVAL BETWEEN ONSET AND DEATH: ✓

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/23/, 1951, to 12/24/, 1951, that I last saw the deceased alive on 12/23/, 1951, and that death occurred at 2:10 a. m., from the causes and on the date stated above.

SIGNATURE: Wm E. Martin (Degree or title): M.D. ADDRESS: Randallstown DATE SIGNED: Dec 12/24/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12/26/51

NAME OF CEMETERY OR CREMATORY: Johnsville Cemetery

LOCATION (City, town, or county) (State): Johnsville Md

DATE REC'D BY LOCAL REG.: Dec. 25, 1951

REGISTRAR'S SIGNATURE: C. Harry Eckert

24. FUNERAL DIRECTOR: E. M. Watts

ADDRESS: Winfield Md

1-1720 5-52 2 No 6

RECEIVED
DEC. 28 1951.
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville,
LENGTH OF STAY (in this place) 4 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) Unknown

3. NAME OF DECEASED (Type or Print): (First) Bertha (Middle) ---- (Last) Whitely
4. DATE OF DEATH: (Month) 12 (Day) 20 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Unknown
9. AGE last birthday: 76 ? yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: ?
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY? ? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ----; (If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: ----
17. INFORMANT AND ADDRESS: Hosp. records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Cerebral Hemorrhage	2 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Coronary disease of the heart	4 months
	(c)	Senile psychosis	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ----
19b. MAJOR FINDINGS OF OPERATION: ----
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ----
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: ----
(CITY OR TOWN): ----
(COUNTY): ----
(STATE): ----

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ----
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? ----

22. I hereby certify that I attended the deceased from 11-10-, 1951, to 12-20, 19.51., that I last saw the deceased alive on 12-20, 19.51, and that death occurred at 10:10 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Walther H. Sonnenfeldt, M.D.	M.D.	Springfield State Hosp. - Sykesville, Md.	12-20-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-22-51	Druid Ridge	Pikesville, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 20, 1951	C. Harry Weis	J. E. Mitchell Son	1900 Eastern Ave. Balto. Md.

VS: A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

12051

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (In this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ETHEL	E	WINEKE	Dec	21	1957

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
W	W	Married	Dec. 23, 1887	64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Reisterstown, Md.	U.S.

13. FATHER'S NAME: John W. Hitshue

14. MOTHER'S MAIDEN NAME: Sallie K. Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 218-18-4968

17. INFORMANT AND ADDRESS: Jos. F. Wineke, Reisterstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary artery disease	
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

420.1
994

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
			m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James T. Monroe	Deputy Medical Examiner	Westminster Md	Dec 22-1957

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 24, 1951	Druid Ridge	Pikesville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-23-51	Mary B. Eline	J. F. Eline & Sons,	Reisterstown, Md.

VS. A15A

RECEIVED
JAN 2
BUREAU V. S.

12053

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. Art.

1. PLACE OF DEATH: COUNTY Carroll — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville — LENGTH OF STAY (in this place) 21 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) unknown

3. NAME OF DECEASED (Type or Print): (First) Frank — (Middle) ---- — (Last) Zahosdka

4. DATE OF DEATH: (Month) Dec (Day) 8 (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: about 1879 unknown

9. AGE Last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY: ----

11. BIRTHPLACE (State or foreign country): Austria

12. CITIZEN OF WHAT COUNTRY? Austria ?

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown — (If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Records of Springfield State Hosp.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia — 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — over 1 year

(c)

4150.0
107

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia, paranoid type — over 21 yrs.

19a. DATE OF OPERATION: ----

19b. MAJOR FINDINGS OF OPERATION: ----

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ----

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: ----

(CITY OR TOWN) ---- (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) ---- m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? ----

22. I hereby certify that I attended the deceased from Sept. 1, 1947, to Dec. 8, 1951, that I last saw the deceased alive on Dec. 8, 1951, and that death occurred at 5:15 pm., from the causes and on the date stated above.

SIGNATURE Martin Gross, M.D. (Degree or title) — Martin Gross, M.D.

ADDRESS Sykesville, Md.

DATE SIGNED Dec. 8. 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 12-12-51 — NAME OF CEMETERY OR CREMATORY Oakdale — LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. Dec. 9, 1951 — REGISTRAR'S SIGNATURE C. Harry Weed

24. FUNERAL DIRECTOR Wm. Cook, Inc. — ADDRESS 1217 St. Paul St.

970-111

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DEC 12 1951
BUREAU V. S.